

South Bend Police MSOS Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 09-10-13

Address: 1701 S. Ironwood

Incident #: 13-0803NB

South Bend, IN

County: St. Joe

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open - No Structure
☒ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Flammable Solvents: Camp Fuel inside backpack in vehicle
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: Sodium Hydroxide inside backpack in vehicle
☐ Other (item and location): _____

Vehicle Information:

Owner: Nelson, Amanda
VIN: 1NXBR32E432004103
Year: 2003

Make: Toyota
Model: Corolla

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean

Estimated length of time manufacturing had been occurring: _____

Additional Information: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department City, Township or County South Bend Fire

Fax: 574-235-9305

Health Department County: St. Joe Co.

Fax: 574-235-9497

Department of Child Services Hotline: deshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Sgt. Kathy Fulnecky Phone 574-235-9406

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.

MSS 04-18-2013